

MDR Tracking Number: M5-04-0862-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 11-20-03.

The IRO reviewed joint mobilization, manipulation and therapeutic activities from 12-23-02 through 5-7-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 2-20-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice. The requestor responded to the request for additional documentation; however, the requestor failed to submit relevant information to support components of the fee dispute in accordance with Rule 133.307(g)(3)(A-F).

This Decision is hereby issued this 20th day of April 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

February 20, 2004

**REVISED REPORT
Correction to Disputed Services**

MDR #: M5-04-0862-01
IRO Certificate No.: IRO 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

REVIEWER'S REPORT

Information Provided for Review:

Correspondence
H&P and office notes
Physical Therapy notes
Neurodiagnostic exam
Radiology report

Clinical History:

On ___ this female patient noticed numbness in her palm of her right hand, ring finger, and little finger. She underwent treatment in ___, but then moved to ___. She was diagnosed as suffering from cervical discopathy, ulnar nerve entrapment, medial epicondylitis, and cervical radiculitis. She was treated with joint mobilization, therapeutic activities, and manual therapy.

Disputed Services:

Joint mobilization, manipulation, and therapeutic activities, during the period of 12/23/02 thru 05/07/03

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the treatment and services in dispute as stated above were not medically necessary in this case.

Rationale:

The documentation does not support the need for joint mobilization, manipulation, or therapeutic activities during the period of 12/23/02 through 05/07/03. This treatment is outside of the normal treatment protocols as outlined in the Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters for a repetitive motion injury. The Milliman and Robertson Best Practice Healthcare Management Guidelines also do not support the need for joint mobilization, manipulation, or therapeutic activities this long following the date of injury.

Sincerely,